

APPLICATION FOR
NAVY CONTRACT POSITIONS
JULY 22, 2002

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE AUGUST 12, 2002. SEND OR EMAIL YOUR APPLICATION TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 02 (Joanne Keyser)
1681 NELSON STREET
FORT DETRICK MD 21702-9203
Email: JMKeyser@us.med.navy.mil
Phone: (301) 619-2138

A. NOTICE. This position is set aside for individual Case Management Registered Nurses only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer,

B. POSITION SYNOPSIS. REGISTERED NURSE. The Government is seeking to place under contract an individual who holds a current, unrestricted license to practice as a Registered Nurse in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein and (2), competitively win this contract award.

Services shall be provided at the Naval Hospital, Great Lakes, IL.

You shall be on duty in the assigned clinical area 80 hours per two-week period. Services shall be required for an 8.5 or 9 hour period (to include an uncompensated .5 hour or 1 hour for lunch, depending on shift length) as scheduled, usually between the hours of 0630 and 1630, Monday through Friday. At the mutual agreement of the nurse case manager and the government, alternative schedules may be implemented, such as a compressed work schedule. Generally, you shall not be required to provide services in excess of 80 hours per two-week period. Specific hours and days shall be scheduled one month in advance by the (Enter Department or Directorate Head.) Any changes in the schedule shall be coordinated between the nurse case manager and the Government. The nurse case manager shall arrive for each scheduled shift in a well-rested condition.

Overtime. Occasionally, overtime may be required. Overtime may or may not be scheduled in advance, depending on workload fluctuations. The health care worker shall be compensated with an equal amount of compensatory time off.

Transportation. You are required to possess a valid driver's license and shall provide your own transportation when a government vehicle is unavailable. When using a personal vehicle for work, the nurse case manager shall be compensated for mileage at the prevailing rate. You shall not transport the patient or the patient's family in your personal or government vehicle without prior approval from the department head.

You shall accrue 8 hours of paid personal leave (to be used for both planned and unplanned absences) at the end of every 2 week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year

with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of “Commanding Officer” means: Commanding Officer, Naval Hospital, Great Lakes, IL, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. **SUITS ARISING OUT OF MEDICAL MALPRACTICE.** The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. **DUTIES AND RESPONSIBILITIES.** The Case Management Program (CMP) team consists of a certified nurse case manager and a certified social worker case manager. The team is responsible for coordinating a multi-disciplinary, collaborative approach to managing the health care needs of selected medically high risk and/or socially fragile patients in the hospital, home, ambulatory care setting or extended care facility. Interfacing with the multi-disciplinary health care team, the Case Management (CM) team coordinates preventive, therapeutic, rehabilitative and psychosocial interventions to ensure continuity of patient care and enhance optimal wellness. Case management requires participation in the evaluation of patient outcomes assuring that the most cost effective use of resources are provided within the acceptable timeframe while focusing on patient/family and provider satisfaction and quality of care.

1. **QUALITY OF SERVICES:** Case management services provided under this contract comply with the standards of practice of the Case Management Society of America (CMSA), the American Accreditation Healthcare Commission/Utilization Review Accreditation Commission (URAC), and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) standards and other provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

- 1.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and
- 1.2. The regulations and standards of professional practice of the treatment facility, and
- 1.3. The bylaws of the treatment facility’s professional staff.

2. CASE MANAGEMENT PROGRAM (CMP) IMPLEMENTATION AND OVERSIGHT RESPONSIBILITIES INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

- 2.1. Ensure that each phase of the CMP is grounded to establish CM standards of practice.
- 2.2. Serve as a consultant to all disciplines regarding CM and related issues.
- 2.3. Fully support military contingency requirements.
- 2.4. Develop a local catchment area assessment to determine CM staffing requirements and identify opportunities for CM.
- 2.5. Identify and integrate local CM processes.

- 2.6. Develop an interface with the Lead Agent and the Managed Care Support Contractor.
- 2.7. Develop local strategies using inpatient, outpatient, onsite and telephonic CM.
- 2.8. Develop and implement policies and protocols for home health assessments.
- 2.9. Develop outcome measures.
- 2.10. Assist with the CHCS CM interface or other database designed to support CM.
- 2.11. Prepare routine reports and conduct analyses.
- 2.12. Integrate CM and utilization management (UM).
- 2.13. Integrate nursing case management with social work case management.
- 2.14. Develop a database and knowledge of local community resources.
- 2.15. Assist with medically-complex cases.
- 2.16. Develop policy for and assist with region to region transfers.
- 2.17. Facilitate screening and assist with transfers of Exceptional Family Member Program (EFMP) families.
- 2.18. Participate in video teleconferences (VTCs) and other meetings as required.
- 2.19. Implement applicable CMSA, JCAHO & URAC Standards.
- 2.20. Oversee MTF CM resources and make recommendations to the Command as to how those resources can best be utilized.
- 2.21. Maintain patient records in an orderly, secure fashion.
3. ADMINISTRATIVE AND TRAINING REQUIREMENTS – You shall:
 - 3.1. Assist in the design and implementation of activities to increase hospital staff involvement in and support of CM initiatives by providing orientation and ongoing education/in-service training specific to CM and the CMP.
 - 3.2. Develop mechanisms to identify patients/clients for case management and provide patient referrals in accordance with MTF policies and protocols.
 - 3.3. Develop and oversee a case management quality improvement program to review and identify opportunities to improve treatment provided, and recommend corrective action when problems exist.
 - 3.4. Actively participate in the Command's Performance Improvement Plan.
 - 3.5. Attend the following required annual training: family advocacy, disaster response, sexual harassment and other courses as directed.
 - 3.6. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.

3.7. Successfully complete MTF medication administration test, and successfully complete the MTF Medication PSI (Personal Study Instruction). The Medical Administration test may be voided if the government deems that the nurse case manager can provide evidence of successful completion of a similar and comparable pharmacology test.

3.8. Successfully complete the MTF provided inservices in IV placement and blood and blood administration, prior to assignment to these tasks.

3.9. Maintain current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; or American Red Cross Cardio Pulmonary Resuscitation (CPR) for the Professional Rescuer; or equivalent. The Navy will provide recertification during normal working hours.

4. **CLINICAL DUTIES** - Services shall be provided onsite using Government-provided facilities, equipment and supplies. You shall:

4.1. Assist in coordinating a multidisciplinary team to meet the health care needs, including medical and/or psychosocial management of specified patients.

4.2. Provide nursing expertise about the CM process, including assessment, planning, implementation, coordination and monitoring.

4.3. As directed, develop and implement tools to support case management, such as those used for patient identification, and patient assessment, clinical practice guidelines, algorithms, CM software, databases for community resources, etc.

4.4. Establish mechanisms to ensure proper implementation of patient treatment plan and follow-up post discharge in ambulatory and community health care settings.

4.5. Provide nursing advice and consultation in person and via telephone to patients/family members/significant others.

4.6. Collaborate with the multidisciplinary team members to set patient-specific goals. Develop treatment plans including preventive, therapeutic, rehabilitative, psychosocial, and clinical interventions to ensure continuity of care toward the goal of optimal wellness.

4.7. Develop mechanisms to evaluate the patient, family and provider satisfaction and use of resources and services in a quality-conscious, cost-effective manner.

4.8. Assist in establishing cost containment/cost avoidance strategies for case management and develop mechanisms to measure its cost effectiveness.

4.9. Assist in establishing and maintaining liaison with appropriate community agencies and organizations.

4.10. Facilitate multidisciplinary discharge planning and other professional staff meetings as indicated for complex patient cases.

4.11. Alert physicians to significant changes or abnormalities in patients and provide information concerning their relevant condition, medical history and specialized treatment plan or protocol.

4.12. Plan for professional growth and development as related to case manager position and maintenance of CM certification. Actively participate in professional organizations including participation in at least one annual national CM conference to be funded by the Government.

4.13. Ensure appropriate health care instruction to patient and/or caregivers based on identified learning needs.

4.14. Implement strategies to ensure smooth transition and continued health care treatment for patients when the military member transfers out of the area.

5. CREDENTIALS AND PRIVILEGING. Upon award, you shall complete an IPF (Individual Professional File) prior to performance of services. The IPF will be maintained at the MTF, and contains specific information with regard to the qualifying educational degree(s) and professional licensure, past professional experience and performance, education and training, health status and competency as defined in BUMEDINST 6320.66c and subsequent revisions, and higher directives. A copy of this instruction may be obtained from the World Wide Web at: <http://www-nmlc.med.navy.mil/code02/contractorinfo.htm>.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico, Guam or the U. S. Virgin Islands. The professional license or certification must allow the holder to legally and independently practice without the supervision of another licensed professional. The nurse case manager is responsible for complying with all applicable licensing regulations.

2. Possess the necessary knowledge, skills and computer literacy to interpret and apply medical care criteria, such as **Milliman & Robertson Care Guidelines**

3. Possess current certification of one or more of the following:

Certified Case Manager (CCM) issued by the Commission for Case Manager Certification

Certified Disability Management Specialist (CDMS) issued by the Certification of Disability Management Specialists Commission

Certified Rehabilitation Registered Nurse (CRRN) issued by the Association of Rehabilitation Nurses

Certified Occupational Health Nurse (COHN) issued by the American Board for Occupational Health Nurses

Advanced Certification in Continuity of Care (ACCC) issued by the National Board for Certification in Continuity of Care

Certified Rehabilitation Counselor (CRC) issued by the Commission on Rehabilitation Counselor Certification

Nurse Case Manager (RN-NCM) issued by the American Nurses Credentialing Center

Care Manager Certified (CMC) issued by the National Academy of Certified Care Managers

OR

Possess a minimum of 24 months of case management experience within the preceding 36 months. You are required to obtain any of the above certifications within 24 months of contract start.

OR

Possess a Masters degree in Nurse Case Management. You are required to obtain any of the above certifications within 24 months of contract start.

4. Experience of at least 24 months within the preceding 36 months working as a nurse providing case management.

5. Provide two letters of recommendation from practicing providers, supervisors or program administrators attesting to your professional skills, competencies, patient rapport, training abilities, etc. Reference letters must

include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding two years.

6. Be eligible for U.S. employment. Provide copies of supporting documentation per attachment ##.
7. Represent an acceptable malpractice risk to the Navy.

E. **FACTORS TO BE USED IN A CONTRACT AWARD DECISION.** If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following criteria, listed in descending order of importance.

1. Experience and training as it relates to the duties contained herein, then,
2. The letters of recommendation, Item D.4., above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc, then,
3. Additional Medical certifications or licensure, then,
4. Total Continuing Education hours in the medical field, then
5. Prior experience in a military medical facility (Form DD214).

F. **INSTRUCTIONS FOR COMPLETING THE APPLICATION.** To be qualified for this contract position, you must submit the following:

1. _____ A completed " *Personal Qualifications Sheet – Registered Nurse" (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).
4. _____ Two or more letters of recommendation per paragraph D.4, above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the " Personal Qualifications Statement – Registered Nurse ". Mark "N/A" if the item is not applicable.

G. Other Information for offerors.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an

individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 621399.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Ms. Joanne Keyser who may be reached at jmkeyser@us.med.navy.mil or by fax at (301) 619-6793.

We look forward to receiving your application.

ATTACHMENT 1
PERSONAL QUALIFICATIONS SHEET - REGISTERED NURSE

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Section D. of the solicitation. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item IX. of this Sheet.

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim?
(indicate final disposition of case in comments) | ___ | ___ |
| 2. Have you ever been a defendant in a felony or misdemeanor case?
(indicate final disposition of case in comments) | ___ | ___ |
| 3. Has your license to practice or DEA certification ever been revoked
or restricted in any state? | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

Signature _____

Date _____

Personal Qualifications Statement – Registered Nurse**I. General Information**

Name: _____ SSN: _____
Last First Middle

Address: _____

Phone: _____

II. Professional Education:

RN Degree from: _____
(Name of School and location)
Date of Degree: _____ (mm/dd/yy)

III. Professional Licensure (License must be current, valid, and unrestricted):

State Date of Expiration (mm/dd/yy)

IV. Case Management Certification - Possess current certification of one or more of the following. If you do not possess any of these certifications or a master's degree in Nurse Case Management, you must document a minimum of 24 months of case management experience within the preceding 36 months, and obtain any one of the certifications within 24 months of contract start.:

Certified Case Manager (CCM) issued by the Commission for Case Manager Certification
_____ Date Certified.

Certified Disability Management Specialist (CDMS) issued by the Certification of Disability Management Specialists Commission _____ Date Certified.

Certified Rehabilitation Registered Nurse (CRRN) issued by the Association of Rehabilitation Nurses
_____ Date Certified.

Certified Occupational Health Nurse (COHN) issued by the American Board for Occupational Health Nurses _____ Date Certified.

Advanced Certification in Continuity of Care (ACCC) issued by the National Board for Certification in Continuity of Care _____ Date Certified.

Certified Rehabilitation Counselor (CRC) issued by the Commission on Rehabilitation Counselor Certification
_____ Date Certified.

Nurse Case Manager (RN-NCM) issued by the American Nurses Credentialing Center
_____ Date Certified.

Care Manager Certified (CMC) issued by the National Academy of Certified Care Managers
_____ Date Certified.

OR

A Masters Degree in Nurse Case Management _____
Date of degree: _____ (Name and location where Masters was obtained)

OR

Possess experience of at least 24 months within the preceding 36 months working as a nurse providing case management. Document this experience under Item VII of this sheet.

V. Do you possess the necessary knowledge, skills and computer literacy to interpret and apply medical care criteria, such as InterQual? _____ yes/no

VI. Basic Life Support (Optional) Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card: _____

Expiration Date : _____ (mm/dd/yy)

VII. Professional Employment: List your current and preceding employers. Provide dates as month/year.

Name and address of present employer

From

To

Position held

(1) _____

Names and addresses of preceding employers

From

To

Position held

(2) _____

From

To

Position held

(3) _____

From

To

Position held

(4) _____

VIII. Additional Medical Certification, Degrees or Licensure: This should include advanced education such as a Master's Degree.

Type of Certification, Degree or License and Date of Certification or Expiration

IX. Professional References:

Provide two letters of recommendation from practicing providers, supervisors or program administrators attesting to your professional skills, competencies, patient rapport, training abilities, etc. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding two years.

X. Employment Eligibility (Provide copies of supporting documentation):

Yes No

Do you meet the requirements for U.S. Employment
Eligibility contained in Section V?

XI. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, prior military experience, etc.

XII. I hereby certify the above information to be true and accurate:

Signature _____

Date _____

ATTACHMENT 2

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 30 SEP 2002 through 30 SEP 2003. Four option periods will be included which will extend services through 30 SEP 2007, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price should be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Registered Nurses in the Great Lakes area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Registered Nurse for the Naval Hospital, Great Lakes, IL in accordance with this application and the resulting contract.				
0001AA	Base Period; 30 SEP 02 thru 29 SEP 03	2088	Hour	_____	_____
0001AB	Option Period I; 30 SEP 03	8	Hour	_____	_____
0001AC	Option Period II; 01 OCT 03 thru 30 SEP 04	2096	Hour	_____	_____
0001AD	Option Period III; 01 OCT 04 thru 30 SEP 05	2088	Hour	_____	_____
0001AE	Option Period IV; 01 OCT 05 thru 30 SEP 06	2080	Hour	_____	_____
0001AF	Option Period V; 01 OCT 06 thru 29 SEP 07	2080	Hour	_____	_____

TOTAL FOR CONTRACT LINE ITEM 0001 \$ _____

Printed Name _____ DUNS # _____

Signature _____ Date _____

Email Address _____

LISTS OF ACCEPTABLE DOCUMENTS – ATTACHMENT 3

SUBMIT ONE FROM LIST A**LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**LIST B**

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above;**
10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**ATTACHMENT IV
CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.com>. If you do not have internet access, please contact the CCR Registration Assistance Centers at 1-888-227-2423.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please include it with your application or mail or fax "**THIS COMPLETED CONFIRMATION SHEET**" to:

Naval Medical Logistics Command
ATTN: Code 02 (Joanne Keyser)
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Address: _____

Date CCR was submitted: _____

Assigned DUN & BRADSTREET #: _____

ATTACHMENT 5
SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals, as an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined in 13 CFR 124.1002.

Section B

[*Complete if offeror represented itself as disadvantaged in this provision.*] The offeror shall check the category in which its ownership falls:

- ___ Black American.
- ___ Hispanic American.
- ___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Quoter's Name: _____

Notice of Contracting Opportunity No.: JK-19-02